

SUPPLEMENTAL NOTICE OF DEFAULT

TO: Scorpion Fitness Inc. and Scorpion Club Ventures, LLC ("Tenant") and John Shams ("Guarantor").

PREMISES: All rooms/areas of a portion of the ground floor, mezzanine, and lower level, as shown hatched on the floor plans annexed hereto as **Exhibit 1** and incorporated by reference as if fully set forth in length, in the building known as and located at 220 Fifth Avenue, New York, New York 10001.

LEASE: dated December 19, 2014, by and between Landlord's predecessor-in-interest, Dino & Sons Realty Corp., as landlord, and Tenant, as tenant. Said Lease being modified by a First Lease Modification Agreement, dated June 30, 2017.

GUARANTY: dated December 22, 2014, by Guarantor, as guarantor.

DATE OF THIS NOTICE: October 26, 2018.

PLEASE TAKE NOTICE that Tenant is in default of Articles 3, 13, 17, 47(a), 47(b), 47(c), 47(d), 47(f), 53, 58, and 69 of the Lease and Article 4 of the First Lease Modification Agreement, which provisions deal in pertinent part with Tenant's obligations: (a) to, on or before December 31, 2017, complete all of Tenant's Work in full compliance with law, and violation and lien free and fully open for business to the public within the Premises as a fully operable physical fitness center with reasonable, regular daily hours of operation; (b) to comply with all laws, rules, orders, ordinances, and regulations at any time issued or in force of the Federal, State and Local Governments, and of each and every department, bureau and official thereof; (c) to provide the Landlord access to the Premises to examine and inspect the Premises and Tenant's Work; (d) to, prior to undertaking any alterations, obtain all permits, approvals and certificates and deliver the same to Landlord; (e) to obtain prior written approval from Landlord of all alterations, of contractors retained by Tenant, and of all contractors undertaking work in the Premises on Tenant's behalf; (f) to hire contractors that will not interfere or cause conflict with other contractors or laborers at the building; (g) to use contractors that maintain the required insurance and furnish evidence of said insurance for all contractors to the Landlord; (h) to undertake alterations in compliance with plans approved by Landlord and by contractors approved by Landlord; and (i) what actions on Tenant's part are deemed defaults under the Lease.

PLEASE TAKE FURTHER NOTICE, more specifically, Tenant has violated and continue to violate the aforementioned provisions of the Lease by:

(i) failing, on or prior to December 31, 2017, to fully complete all of Tenant's Work and all other alterations necessary or desirable for the conduct of Tenant's business within the Premises (with all work performed in accordance with the Lease, in full compliance with law, and violation and lien free), in all events in full compliance with the terms and provisions of the Lease and fully open for business to the public within the demised premises as a fully operable physical fitness center with reasonable, regular daily hours of operation;

(ii) failing to have work and/or construction undertaken in the Premises in a good and workmanlike manner, by using contractors or laborers which have interfered or caused conflict with other contractors or laborers at the building, and by failing to maintain in effect permits for work and/or construction undertaken in the Premises. A copy of the list of permits for Job No: 122665188 showing all the permits are expired is annexed hereto as **Exhibit A** and incorporated by reference as if fully set forth in length;

(iii) failing to furnish evidence of the requisite insurance for all contractors or laborers employed by Tenant in the Premises;

(iv) having work and/or construction undertaken in the Premises in violation of New York City Construction Codes resulting in the issuance of two (2) Stop Work Orders, on September 25, 2018 and October 15, 2018, and the issuance of DOB Violation Nos. 092518C0502EH and 101118CSPOBA03, a copy of which is annexed hereto as **Exhibit B** and incorporated by reference as if fully set forth in length;

(v) continuing to have work and/or construction undertaken in the Premises in violation of the Stop Work Orders, without the prior written permission of the Landlord, without contractors submitted to the Landlord for approval, without permits from the NYC Department of Buildings, and without presenting proof that the contractors maintain the required insurance. Landlord has been advised of the same by four (4) contractors claiming to have done so at Tenant's behest. Letters and/or contracts signed by Tenant and received by Landlord from three (3) contractors unknown to Landlord who state they have undertaken work in the Premises at Tenant's direction in violation of the Stop Work Orders, without permits from the NYC Department of Buildings, and without presenting proof of insurance are collectively annexed hereto as **Exhibit C** and incorporated by reference as if fully set forth in length;

(vi) removing the fire stair landing door without the permission or consent of Landlord, in violation of the plans approved by the NYC Department of Buildings, without proper permits, and in violation with law, a photograph of which is annexed hereto as **Exhibit D** and incorporated by reference as if fully set forth in length;

(vii) removing the wall and fire proof self-closing doors on the plans approved by the NYC Department of Buildings, as shown on the plans annexed hereto as **Exhibit E** and incorporated by reference as if fully set forth in length, without approval from the Landlord or the NYC Department of Buildings and without permits from the NYC Department of Buildings and which has a material and adverse effect on the building, its systems and/or facilities; and

(viii) installing a two by four piece of wood to block access to the Premises and the emergency egress into and out of the Premises resulting in the issuance on 08/29/2018 of ECB Violation Nos. 35355136J and 35355135H, a copy of which is annexed hereto as **Exhibit F** and incorporated by reference as if fully set forth in length.

PLEASE TAKE FURTHER NOTICE that, in accordance with Articles 17 and 31 of the Lease, you are hereby required cure such defaults **on or before November 15, 2018**, that being more than

fifteen (15) days after service of this Notice upon you, and, upon Tenant's failure to so cure, the Landlord will elect to terminate Tenant's tenancy in accordance with Article 17 of the Lease.

PLEASE TAKE FURTHER NOTICE, this Notice is served upon you pursuant to Articles 17, 27, and 31 of the Lease and other applicable provisions of law and/or statutes.

PLEASE TAKE FURTHER NOTICE, that this Notice will not serve to vitiate a certain Notice of Default, dated May 29, 2018, and served upon you, is being served upon you without prejudice to a certain Notice of Default, dated May 29, 2018, and is merely being served as a supplement of additional defaults and breaches that must be cured and which act as a separate and independent notice and basis for Tenant's ouster from the Premises in not cured in accordance with this Notice and in the event the Landlord fails to secure Tenant's ouster from the Premises pursuant to the aforementioned Notice of Default, dated May 29, 2018.

PLEASE TAKE FURTHER NOTICE, pursuant to Sections 19, 31, and 51(B) of the Lease, you are responsible for any and all legal expenses and attorneys' fees incurred by the Landlord.

PLEASE TAKE FURTHER NOTICE, that any response to this Notice must be sent and directed to the below-named attorneys for the Landlord.



Kossoff, PLLC
Attorneys for Landlord
By: Joseph Goldsmith, Esq.
217 Broadway, Suite 401
New York, New York 10007
Tel.: (212) 267-6364
Email: jgoldsmith@kaulaw.com

220 FIFTH REALTY LLC

[Landlord]



By: Pawan Melgiri
Title: Senior Vice President & Authorized
Signatory

Exhibit "1"

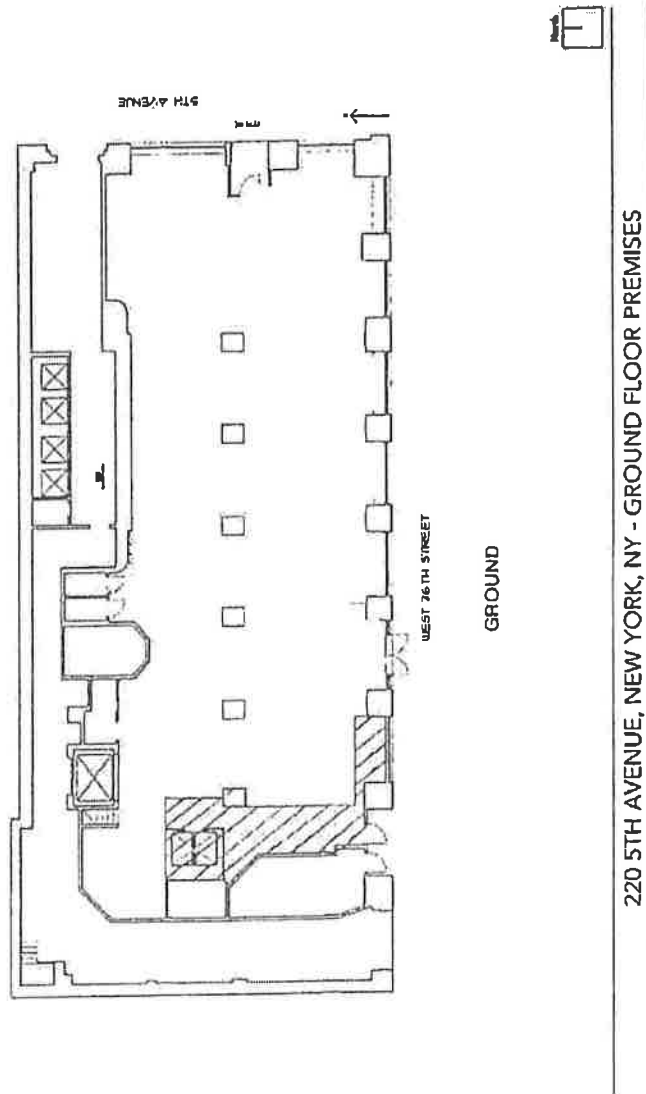
Execution

12/19/2014

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The Demised Premises

Not to scale; all dimensions approximate; subject to actual conditions.



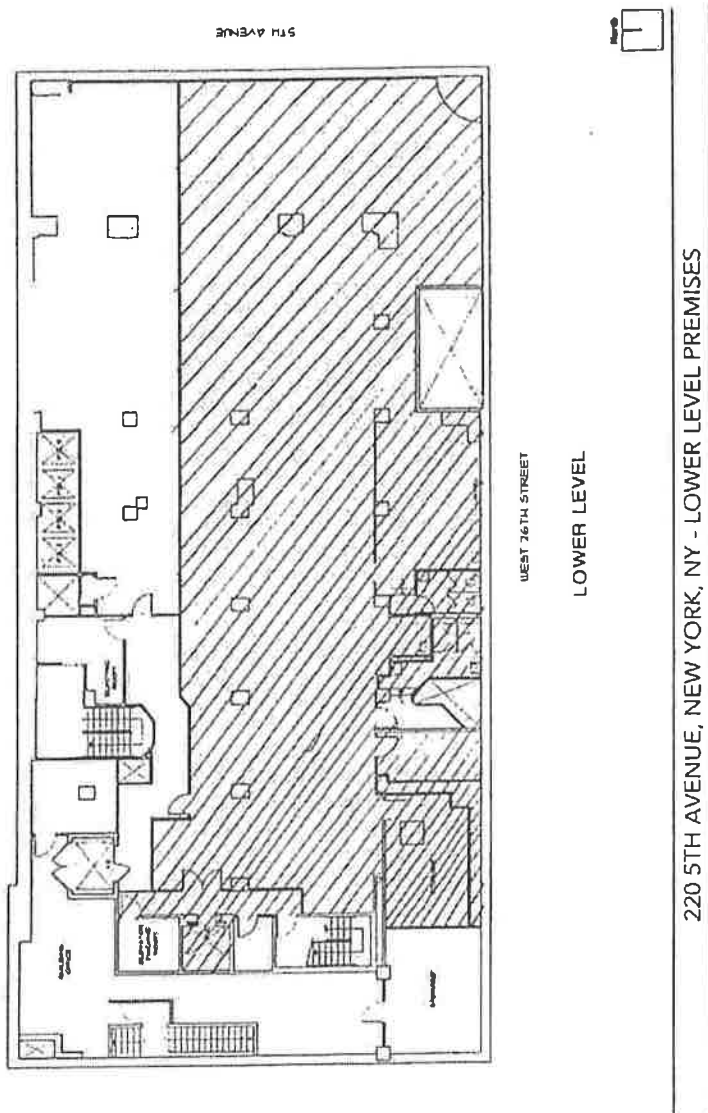
23

Please Initial Here: Landlord _____ Tenant 

Execution

12/19/2014

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24

Please Initial Here. Landlord _____

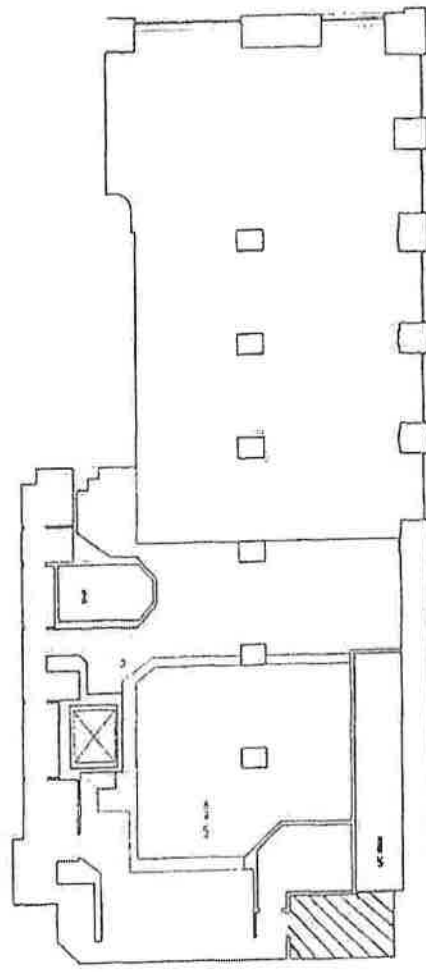
Tenant

[Handwritten signature]

Execution

12/19/2014

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MEZZANINE

25

Please Initial Here: Landlord _____ Tenant _____

[Handwritten signature]

Exhibit "A"

10/19/2018

Notice of Default Pg. 9 of 36


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**NYC Department of Buildings
Issued and Possible Permits**

Premises: 218 5 AVENUE MANHATTAN

Job No: 122665188BIN: 1015650 Block: 828 Lot: 35

Job Type: A2 - ALTERATION TYPE 2

PERMIT INFORMATION

NUMBER-DOC-TYPE	HISTORY	SEQ NO	FIRST ISSUE DATE	LAST ISSUE DATE	STATUS	APPLCNT
<u>122665188-01-EW OT</u>	<u>History</u>	03	08/16/2016	10/16/2017	ISSUED	BRYANT
<u>122665188-02-EW MH</u>	<u>History</u>	03	08/16/2016	02/15/2018	ISSUED	ALLICK
<u>122665188-02-PL</u>	<u>History</u>	02	08/23/2016	10/16/2017	ISSUED	ANAGNOSTO
<u>122665188-03-EW OT</u>	<u>History</u>	03	08/16/2016	10/16/2017	ISSUED	BRYANT

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


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NYC Department of Buildings

Permit History

Premises: 218 5 AVENUE MANHATTAN

Job No: 122665188BIN: 1015650 Block: 828 Lot: 35

Job Type: A2 - ALTERATION TYPE 2

PERMIT INFORMATION

PERMIT NUMBER	SUB TYPE	SEQ NO	ISSUE DATE	EXPIRATION DATE	STATUS	APPLICANT
<u>122665188-03-EW</u>	OT	01	08/16/2016	07/28/2017	T - ISSUED	PAUL GAMBINO
<u>122665188-03-EW</u>	OT	02	05/18/2017	05/01/2018	T - ISSUED	JOSEPH ANTHONY
<u>122665188-03-EW</u>	OT	03	10/16/2017	05/24/2018	T - ISSUED	PETER BRYANT

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10/26/2018



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NYC Department of Buildings

Permit History

Premises: 218 5 AVENUE MANHATTAN

Job No: 122665188

BIN: 1015650 Block: 828 Lot: 35

Job Type: A2 - ALTERATION TYPE 2

PERMIT INFORMATION						
PERMIT NUMBER	SUB TYPE	SEQ NO	ISSUE DATE	EXPIRATION DATE	STATUS	APPLICANT
<u>122665188-02-PL</u>		01	08/23/2016	08/23/2017	T - ISSUED	MARC BRESLAW
<u>122665188-02-PL</u>		02	10/16/2017	10/16/2018	T - ISSUED	JAMES ANAGNOSTOS

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10/26/2018



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NYC Department of Buildings

Permit History

Premises: 218 5 AVENUE MANHATTAN

Job No: 122665188

BIN: 1015650 Block: 828 Lot: 35

Job Type: A2 - ALTERATION TYPE 2

PERMIT INFORMATION						
PERMIT NUMBER	SUB TYPE	SEQ NO	ISSUE DATE	EXPIRATION DATE	STATUS	APPLICANT
<u>122665188-01-EW</u>	OT	01	08/16/2016	07/28/2017	T - ISSUED	PAUL GAMBINO
<u>122665188-01-EW</u>	OT	02	05/16/2017	05/01/2018	T - ISSUED	JOSEPH ANTHONY
<u>122665188-01-EW</u>	OT	03	10/16/2017	05/24/2018	T - ISSUED	PETER BRYANT

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Exhibit "B"

10/26/2018

Overview for Complaint #: 1492389 = RESOLVED


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NYC Department of Buildings

Overview for Complaint #: 1492389 = RESOLVED

Complaint at: 220 5 AVENUE

BIN: 1015650

Borough: MANHATTAN

ZIP: 10001

Re: SAFETY COMPLIANCE INSPECTION

Category Code: 1Z ENFORCEMENT WORK ORDER (DOB)
 ENFORCEMENT WORK ORDER : INTRA-AGENCY REFERRAL

Assigned To: EXECUTIVE INSPECTIONS

Priority: D

Received: 10/11/2018

Block: 828

Lot: 35

Community Board: 105

Owner: DINO SON REALTY CORP

Last Inspection: 10/11/2018 - - BY BADGE # 2727

Disposition: 10/15/2018 - L1 - PARTIAL STOP WORK ORDER

DOB Violation #: 101118CSPOBA03

ECB Violation #: 35361767R

Comments: ACTIVE WOTRK@GROUND FL GYM WITH INTERIOR STAIR CASE MISSING ALL
 HAND/GUARD RAILS

Complaint Disposition History

#	Disposition		Disposition	Inspection		Date
	Date	Code		By		

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

10/26/2018

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Overview for Complaint #: 1490546 = RESOLVED
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NYC Department of Buildings

Overview for Complaint #:1490546 = RESOLVED

Complaint at: 220 FIFTH AVENUE BIN: 1015650 Borough: MANHATTAN ZIP: 10001
 Re: BOROUGH COMMISSIONER HAS ISSUE STOP WORK ORDER FOR PERMIT #122662188 DUE TO CONTRACTOR WITHDRAWAL

Category Code: 1X CONSTRUCTION ENFORCEMENT WORK ORDER (DOB)
 ENFORCEMENT WORK ORDER : INTER-AGENCY REFERRAL

Assigned To: MANHATTAN BOROUGH OFFICE

Priority: D

Received: 09/24/2018 Block: 828 Lot: 35 Community Board: 105
 Owner: X X

Last Inspection: 09/25/2018 - - BY BADGE # 2669
 Disposition: 09/25/2018 - L1 - PARTIAL STOP WORK ORDER
 DOB Violation #: 092518C0502EH/305844
 Comments: STOP WORK ORDER ISSUED TO APPLICATION/PERMITS #122662188, DUE TO CONTRACTOR WITHDRAWAL

Complaint Disposition History

#	Disposition Date Code	Disposition	Inspection By	Date
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10/19/2018

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DOB Violation Display for 092518C0502EH[✉ CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

DOB Violation Display for 092518C0502EH

Premises: 218 5 AVENUE MANHATTAN

BIN: 1015650 Block: 828 Lot: 35

Issue Date: 09/25/2018

Violation Category: V - DOB VIOLATION - ACTIVE

Violation Type: C - CONSTRUCTION

Violation Number: 0502EH

Device No.:

ECB No.:

Infraction Codes:

Description: THE BOROUGH COMMISSIONER HAS ISSUED A STOP WORK ORDER FOR APPLICATION/
PERMITS # 122662188 DUE TO CONTRACTOR WITHDRAWAL. STOP ALL WORK, MAKE S
ITE SAFE, PROVIDE ALL REQUIRED INFORMATION TO BOROUGH COMMISSIONER'S O
FFICE FORTHWITH

Disposition:

Code:

Date:

Inspector:

Comments:

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Exhibit "C"

September 26, 2018

Landlord
220 Fifth Avenue
New York, NY 10000


Re: Fitness Club in cellar work

Dear Sir,

I want to advise you that I have performed carpentry work for John Shams along with a lot of other contractors in the cellar level of your building. I performed carpentry work, removing existing work built by other contractors before me, and modifying and building new work the John wanted changed from the original plan. I built some new framing for walls and ceilings, sheetrock, took existing new ceilings down, built new ceilings with structural supports to the underside of the slab in the reception area, built lighting track coves, installed flooring in the studio, built millwork bases for lockers. John said he would pay in Cash. He gave me a small amount of money at the start, but did not pay any balance of money owed, and he has not allowed me back in to get my tools. He claims the tools have disappeared, but there are others working down there at night and weekends who have said they have seen my tools down there. These other men doing electrical, plumbing, and carpentry on the weekend are also owed money and are going to get attorneys to get paid. He never asked us to get insurance, he just wanted us to hurry and build and not let anyone know we were down there working. I am letting you know I will be getting an attorney or filing a lien to get the money owed to me.

I performed this work from September 10, 2018 through September 24, 2018.

Sincerely,



Matthew Breen
144 North 7th Street
Brooklyn, NY 11211
347.221.4043

October 12, 2018

Letter for:
Security desk at 220 Fifth Avenue
New York, NY 10001

I am Jamal Kazokov. I performed tile work in the cellar at 220 Fifth Avenue from September 30 to October 4, days and nights. I tiled the showers and set the plumbing drains. Mr. John Shams promised to pay me cash. He paid us nothing. I am getting an attorney to collect my money.

Signed:

A handwritten signature in black ink, appearing to read "J. Kazokov", written over the word "Signed:".

Jamaladdin Kazokov (347) 962-4211

1245 Avenue H
Apt 1P
Brooklyn, NY 11235

7/12/19

THIS IS TO STATE THAT
MATT BRENE WILL BE PAID
\$250 PER DAY FOR THE
SCOPE OF WORK AT THIS
PROJECT.

A handwritten signature in dark ink, consisting of a stylized, cursive letter 'M' followed by a long, horizontal, slightly wavy line extending to the right.

Exhibit "D"



Exhibit "E"

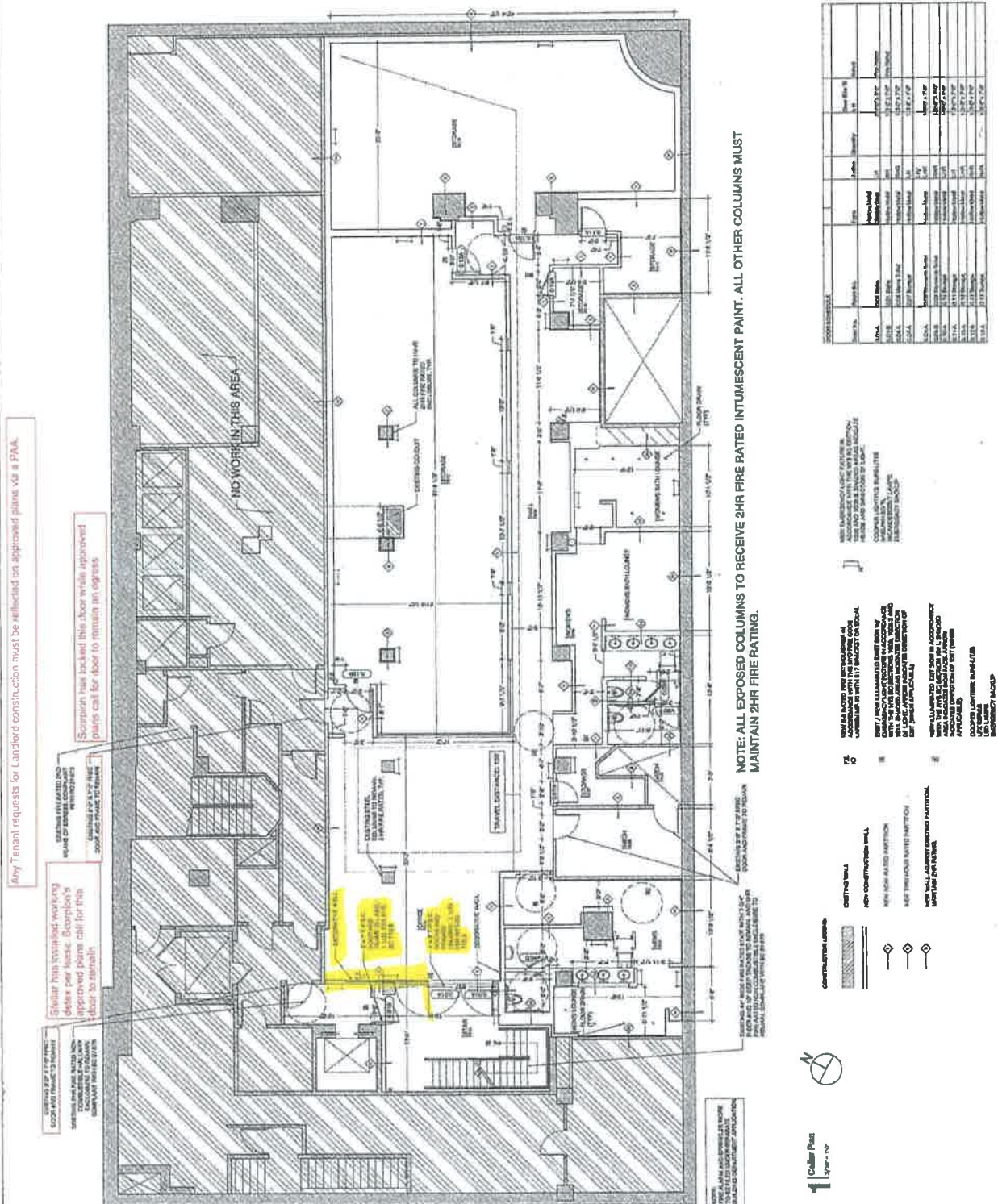
[illegible]

Exhibit "F"

10/19/2018

ECB Violation Details



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NYC Department of Buildings

ECB Violation Details

Premises: 218 5 AVENUE MANHATTAN

Filed At: 220 5 AVENUE , MANHATTAN , NY 10001

BIN: 1015650 Block: 828 Lot: 35

Community Board: 105

ECB Violation Summary

VIOLATION OPEN

ECB Violation Number: 35355136J

Severity: CLASS - 1

Certification Status: NO COMPLIANCE RECORDED

Penalty Balance Due: \$0.00

Hearing Status: PENDING

Respondent Information

Name: IDDC LLC GIC #617506

Mailing Address: 420 E 79 ST SUITE 2A , NEW YORK , NY 10075

Violation Details

Violation Date: 08/29/2018

Violation Type: CONSTRUCTION

Served Date: 08/29/2018

Inspection Unit: EMERGENCY RESPONSE TEAM (ERT)

Infraction Codes	Section of Law	Standard Description
109	BC 3301.2,27-1009(A)	FAIL TO SAFEGUARD PERS/PROPERTY AFFECTED BY CONSTRUCTION OP

Specific Violation Condition(s) and Remedy:

FAILURE TO SAFEGUARD ALL PERSONS AND PROEPRTY AFFECTED BY CONSTRUCTION OPERATION. NOTED: PREMISES 20 STORY COMMERCIAL BUILDING A GYM CONSTRUCTION IN PROGRESS UNDER PERMIT #122665188 AT 1ST FLOOR AND BASEMENT LEVEL

Issuing Inspector ID: 2748

DOB Violation Number: 10182018CERMA02

Issued as Aggravated Level: NO

Dept. of Buildings Compliance History and Events

Certification Status: NO COMPLIANCE RECORDED

Compliance On:

A Certificate of Correction must be submitted to the Administrative Enforcement Unit (AEU) for all violations. A violation that is not dismissed by ECB will continue to remain ACTIVE or "open" on DOB records until acceptable proof is submitted to the AEU, even if you have paid the penalty imposed by ECB.

ECB Hearing Information

Scheduled Hearing Date/Time: 10/18/2018 8:30

Hearing Status: PENDING

ECB Penalty Information

Penalty Imposed: \$0.00

Adjustments: \$0.00

Amount Paid: \$0.00

Penalty Balance Due: \$0.00

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10/19/2018



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NYC Department of Buildings

ECB Violation Details

Premises: 218 5 AVENUE MANHATTAN

Filed At: 220 5 AVENUE , MANHATTAN , NY 10001

BIN: 1015650 Block: 828 Lot: 35

Community Board: 105

ECB Violation Summary

VIOLATION OPEN

ECB Violation Number: 35355135H

Severity: CLASS - 1

Certification Status: NO COMPLIANCE RECORDED

Penalty Balance Due: \$0.00

Hearing Status: PENDING

Respondent Information

Name: DINO SON REALTY CORP
 Mailing Address: 156 WILLIAMS AT 10TH FL , NY , NY 10038

Violation Details

Violation Date: 08/29/2018 Violation Type: CONSTRUCTION
 Served Date: 08/29/2018 Inspection Unit: EMERGENCY RESPONSE TEAM (ERT)

Infraction Codes	Section of Law	Standard Description
127	27-369,BC 1020.2	FAIL TO PROVIDE UNOBSTRUCTED EXIT PASSAGEWAY

Specific Violation Condition(s) and Remedy:

FAILURE TO PROVIDE UNOBSTRUCTED EXIT PASSAGEWAY.NTOED:PREMISES 20 STORY MASONRY COMMERCIAL BUILDING.AT THE TIME OF INSPECTION I OBSERVED EMERGENCY EXIT FROM BELGIAN CAFE KITCHEN TO STREET LEVEL THROUGH UNDER CO

Issuing Inspector ID: 2748

DOB Violation Number: 10182018CCER01

Issued as Aggravated Level: NO

Dept. of Buildings Compliance History and Events

Certification Status: NO COMPLIANCE RECORDED

Compliance On:

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ECB Hearing Information

Scheduled Hearing Date/Time: 10/18/2018 8:30 Hearing Status: PENDING

ECB Penalty Information

Penalty Imposed: \$0.00
 Adjustments: \$0.00 Amount Paid: \$0.00
 Penalty Balance Due: \$0.00

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AFFIDAVIT OF SERVICE

STATE OF NEW YORK }
COUNTY OF NEW YORK } s.s.

I, Raven Kerr, being duly sworn, deposes and says:

I am not a party to this action, am over 18 years of age and reside in the Brooklyn, New York.

On October 26, 2018, I served the within ***SUPPLEMENTAL NOTICE OF DEFAULT*** upon:

Scorpion Fitness, Inc.
220 Fifth Avenue,
New York, New York 10001

Scorpion Fitness, Inc.
88 Lexington Ave., Ste. 9D
New York, New York 10016

Scorpion Club Ventures LLC
220 Fifth Avenue,
New York, New York 10001

Scorpion Club Ventures LLC
88 Lexington Ave., Ste. 9D
New York, New York 10016

John Shams
220 Fifth Avenue
New York, New York 10001

John Shams
325 Fifth Avenue, Ste. 41E
New York, New York 10016

Scorpion Fitness, Inc.
325 Fifth Avenue, Ste. 41E
New York, New York 10016

John Shams
88 Lexington Ave., Ste. 41E
New York, New York 10016

Scorpion Club Ventures LLC
325 Fifth Avenue, Ste. 41E
New York, New York 10016

Massimo F. D'Angelo
ADAM LEITMAN BAILEY, P.C.
One Battery Park Plaza, Eighteenth Floor
New York, New York 10004

by mailing the same first class with certificates of mailing in sealed envelopes, with postage prepaid thereon, in a post-office or official depository of the U.S. Postal Service within the State of New York, addressed to the addressees as indicated above and by overnight mail service (with Express Mail codes EF139728075US, EF139728089US, EF139728092US, EF139728101US, EF139728035US, EF139728614US, EF139728605US, EF139728628US, EF139728591US, EF139728588US) by placing the same in a postpaid, properly addressed and sealed envelopes and delivering said envelopes to a postal employee at a United States Post Office in the Borough of Manhattan, City and State of New York for processing under the exclusive care and custody of the United States Postal Service, Church Street Station Branch, within the City, County and State of New York.

Sworn to before me this
29 day of October, 2018

Raven Kerr

Notary Public

ANDRENEE BOOTHE
Notary Public, State of New York
No. 01BO6112402
Qualified in Kings County
Commission Expires 07/06/20

UNITED STATES
POSTAL SERVICE
Certificate of Mailing
This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.
From:

Kossoff, PLLC

217 Broadway – Suite 401

New York, NY 10007

To: Scorpion Club Ventures, LLC
220 Fifth Avenue
New York, New York 10001

PS Form 3817, April 2007 PSN 7530-02-000-9065

UNITED STATES
POSTAL SERVICE
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Kossoff, PLLC

217 Broadway – Suite 401

New York, NY 10007

To: Scorpion Fitness, Inc.
325 Fifth Avenue Ste. 414
New York, New York 10001

PS Form 3817, April 2007 PSN 7530-02-000-9065

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217 Broadway – Suite 401

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To: John Shams
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New York, New York 10001

PS Form 3817, April 2007 PSN 7530-02-000-9065



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Kossoff, PLLC

217 Broadway – Suite 401

New York, NY 10007

To:

Scorpion Fitness, Inc.
88 Lexington Ave. Ste. 900
New York, New York 10016

PS Form 3817, April 2007 PSN 7530-02-000-9065



**UNITED STATES
POSTAL SERVICE**

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217 Broadway – Suite 401

New York, NY 10007

To:

Scorpion Club Ventures LLC
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New York, New York 10016

PS Form 3817, April 2007 PSN 7530-02-000-9065



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To:

John Shams
325 Fifth Avenue Ste. 410
New York, New York 10016

PS Form 3817, April 2007 PSN 7530-02-000-9065



**UNITED STATES
POSTAL SERVICE**

Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

Kossoff, PLLC

217 Broadway – Suite 401

New York, NY 10007

To:

Scorpion Club Ventures LLC
88 Lexington Ave. Ste. 900
New York, New York 10016

PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS.
This form may be used for domestic and international mail.

From:

Kossoff, PLLC

217 Broadway – Suite 401

New York, NY 10007

\$1.40

US POSTAGE
FIRST-CLASS

062S0007861483
10007



To:

Massimo F. D'Angelo
Adam Leiman Bailey, P.C.
One Battery Park Plaza, Eleventh Fl.
New York, New York 10007

Postmark Here



PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate of Mailing

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From:

Kossoff, PLLC

217 Broadway – Suite 401

New York, NY 10007

\$1.40

US POSTAGE
FIRST-CLASS

062S0007861483
10007



To:

John Shams
88 Lexington Ave. Ste. 9D
New York, New York 10017



PS Form 3817, April 2007 PSN 7530-02-000-9065

Certificate of Mailing

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From:

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New York, NY 10007

\$1.40

US POSTAGE
FIRST-CLASS

062S0007861483
10007



To:

John Shams
88 Lexington Ave. Ste. 9D
New York, New York 10017



PS Form 3817, April 2007 PSN 7530-02-000-9065

K0880FF, PLLC
217 BROADWAY, SUITE # 401
NEW YORK, NY 10007-2944

220 Fifth Scorpion (ARM)

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

092004

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

Scorpion Club ventures LLC
325 fifth Avenue, Ste. 41E
New York, New York 10016

ZIP + 4® (U.S. ADDRESSES ONLY)

1 0 0 1 6 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

Supplemental default notice



ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
Weight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees	
Acceptance Employee Initials			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-F, SEPTEMBER 2015 PSN 7690-02-000-9998 2-CUSTOMER COPY

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

K0880FF, PLLC
217 BROADWAY, SUITE # 401
NEW YORK, NY 10007-2944

220 Fifth Scorpion (ARM)

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

092004

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

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Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☒ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

Scorpion Fitness, Inc.
88 Lexington Ave., Ste 9D
New York, New York 10016

ZIP + 4® (U.S. ADDRESSES ONLY)

1 0 0 1 6 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

Supplemental default notice



ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
Weight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees	
Acceptance Employee Initials			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-F, SEPTEMBER 2015 PSN 7690-02-000-9998 2-CUSTOMER COPY

FROM: (PLEASE PRINT)

Notice of Default Pg 35 of 36

KO89OFF, PLLC
217 BROADWAY, SUITE # 401
NEW YORK, NY 10007-2944

EF 139728101 US

220 Fifth St. Scorpim (Asm)

PAYMENT BY ACCOUNT (If applicable)

USPS® Corporate Acct. No.
092004

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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☐ 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

Scorpion Club Ventures LLC
88 Lexington Ave., Ste. 9D
New York, New York 10016

ZIP + 4® (U.S. ADDRESSES ONLY)

1 0 0 1 6 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 insurance included.

Supplemental default notice

UNITED STATES
POSTAL SERVICE®PRIORITY
★ MAIL ★
EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day NEW	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> OPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage \$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$	
Acceptance Employee Initials			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-F, SEPTEMBER 2015

PSN 7690-02-000-0998

2-CUSTOMER COPY

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

KO89OFF, PLLC
217 BROADWAY, SUITE # 401
NEW YORK, NY 10007-2944

220 Fifth St. Scorpim (Asm)

PAYMENT BY ACCOUNT (If applicable)

USPS® Corporate Acct. No.
092004

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

John Shams
325 Fifth Avenue, Ste. 41E
New York, New York 10016

ZIP + 4® (U.S. ADDRESSES ONLY)

1 0 0 1 6 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 insurance included.

220 Fifth St. Scorpim Supplemental default notice



EF 139728092 US

UNITED STATES
POSTAL SERVICE®PRIORITY
★ MAIL ★
EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day NEW	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> OPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage \$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$	
Acceptance Employee Initials			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-F, SEPTEMBER 2015

PSN 7690-02-000-0998

2-CUSTOMER COPY

EF 139728089 US

PAYMENT BY ACCOUNT (if applicable)Federal Agency Acct. No. or Postal Service¹ Account No.**DELIVERY OPTIONS (Customer Use Only)**

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)*
☐ 10:30 AM Delivery Required (additional fee, where available)*
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

John Shams
88 Lexington Ave., Ste. 9D
New York, New York 10016

ZIP + 4® (U.S. ADDRESSES ONLY)

1 0 0 1 6 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811
- \$100.00 insurance included.

Supplemental default notice

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
		\$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
		\$	\$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
		\$	\$
Weight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees	
	Acceptance Employee Initials		
		\$	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
LABEL 11-F, SEPTEMBER 2015 PSN 7690-02-000-9998 2-CUSTOMER CO		

LABEL 11-F, SEPTEMBER 2015 PSN 7690-02-000-9998

2-CUSTOMER CO

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

KOSSOFF, PLLC
217 BROADWAY, SUITE # 401
NEW YORK, NY 10007-2944

2205 ft. S10W10E

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acct. No.
---------------------------	---

092004

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service; if the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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☐ 10:30 AM Delivery Required (additional fee, where available*)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE (415) 435-1100

Massimo F. D'Angelo
Adam Lertman Bailey, P.C.
One Battery Park Plaza, Eighteenth Floor
New York, New York 10044

ZIP + 4® (U.S. ADDRESSES ONLY)

12004

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811

■ \$100.00 Insurance included

Supplemental default notice

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	Insurance Fee	QOD Fee
Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
Flight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees	
Accepted Employee Initials			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MMDDYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MMDDYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL T1-F, SEPTEMBER 2015 PSN 7690-02-000-9598

2-CUSTOMER CO